INTELL. LIBRARY



ANNUAL REPORT

- OF THE -

Medical Officer of Health.

1925.



Cirencester Urban District.

ANNUAL REPORT of the Medical Officer of Health, 1925.

DR. H. F. W. ADAMS.

INTRODUCTION.

The area contains no important industries, the surrounding country being almost entirely agricultural.

I. GENERAL STATISTICS.

Area (acres)		•••	• • •	•••	5,285
Population (1925)		•••			7,484
Number of inhabited	house	s (192	1)	•••	1,100
Rateable Value				• • •	£41,804
Sum represented by	a peni	ny rate	:	• • •	£170

The district although Urban in name, is almost entirely agricultural, apart from a brewery and bacon factories there are no industries in the town.

II. EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

BIRTHS-

 Γ

		Total	Μ.	F.
Legitimate	•••	104	54	50
Illegitimate	• • •	4	2	2
Birth Rate (R.G.)	14.4		
DEATHS-		100	49	51
Death Rate	(R.G.) 13.2		

Number of women dying in, or in consequence of childbirth ... from sepsis, Nil from other causes, ,,

Deaths of Infants under one year of age per 1,000 births:—

Legitimate 38; Illegitimate Nil. Total 37.

Deaths from Meastles (all ages) ... Nill

", ", Whooping Cough (all ages) ... 1 (F)

", " Diarrhœa (under 2 years of age) 1 (M)

CAUSES OF DEATH IN 1925.

CAUSES OF DEATH.		Males.	Females.
Whooping Cough			1
Influenza		2	4
Tuberculosis of Respiratory System		2	4
Other Tuberculous Diseases		2	1
Cancer, malignant Disease		4	10
Rheumatic Fever			1
Diabetes	•••		1
Cerebral Hæmorrhage, etc		2	5
Heart Disease		8	8
Arterio-Sclerosis		1	1
Bronchitis		5	3
Pneumonia (all forms)		2	2
Other Respiratory Diseases		1	1
Diarrhœa, etc. (under 2 years)	•••	1	
Appendicitis and Typhlitis	•••	•••	1
Acute and Chronic Nephritis	•••	2	3
Congenital Debility and malformation	,		
	•••	1	•••
	• • •	2	•••
Other definite Diseases	•••	14	5
	-		
Total	•••	49	51

As will be seen by the foregoing table and figures no unusual excessive mortality occurred during the year 1925.

Cancer is again on the rise, 14 deaths having occurred.

28 deaths out of the 100 were due to disease of the circulatory system.

On analysing the deaths one finds that of the 100 which occurred during the year, 41 were 70 and over.

e.g. 9 between 70 and 75, 15 ,, 75 ,, 80, 12 ,, 80 ,, 85, 4 ,, 85 ,, 90, and 1 over 90.

DEATH RATE:—13.2 is, although higher than that for England and Wales, viz.: 12.2, very satisfactory, especially when one takes the foregoing figures into consideration.

BIRTH RATE:—14.4 is low, being almost the same as last year, and well below the figure for England and Wales, 18.3.

Although the birth-rate generally throughout England and Wales has again decreased and that for Circnester Urban District has slightly increased, the figure is unsatisfactory.

INFANT MORTALITY:—This is again the very satisfactory one of 37, and is much below the figure for England and Wales of 75.

Only four children under one year died during the year, this did not include an illegitimate child.

It is interesting to note that the average figure for the last five years is 40.7, and this would be much less if the first year (1921) was excluded as this was the abnormally high one (for the district) of 81.8.

CIRENCESTER UNION.

Poor Law Relief Statistics, Year ended 31st Dec. 1925.

1.	Average number of Persons in receipt of-	
	(a) Domiciliary Relief 277	7
	(b) Institutional Relief 98	3
2.	Total sum expended on Domiciliary Relief	
	during the year £3,912	,
3.	Average number per 10,000 of population in receipt of relief 142)
	NOTE.—The average per 10,000 of population of the "non-populous" Unions in England on the 26th December, 1925, was 231. It will accordingly be observed that the percentage of persons in receipt of	
	relief in the Circucester Union is below the average.	

MEDICAL RELIEF ONLY. The number of 4. persons in the Union who receive Medical relief only is small. The recipients of such relief are chiefly confined to agricultural workers with large families and aged persons (including old age pensioners) who have not the means to enable them to engage a medical attendant privately.

These figures have been given for the Cirencester Union (both Urban and Rural Districts) for the year 1925.

The chief causes of sickness and mortality in the district are diseases of the Circulatory System, rheumatism and malignant Disease.

The hilly nature of the surrounding district and the hard ter may account, to some extent, for the the first two diseases.

There is also a considerable amount of goitre to seen, although it does not now appear to be so evident in the younger children.

HOSPITALS AND OTHER INSTITUTIONS AVAILABLE FOR THE DISTRICT.

These are identical with the conditions prevailing last year. General, Circnester Memorial Hospital, 20-30 beds (about), with the Apsley Memorial Hall (X ray, laboratory, etc).

Fever, Cirencester Joint Hospital, 14 beds (about).

There are no hospitals in the district for Tuber-culosis, Maternity Cases or Smallpox.

One motor ambulance is provided for non-infectious and accident cases, and a horse ambulance for fever cases.

The out-station for the treatment of defective school children has been more widely used, but full advantage of this excellent clinic is not yet taken.

A Tuberculosis Clinic is held once a week at the Memorial Hospital.

There is also an Infant Welfare Centre in operation, which continues to do good work.

Cases of Tuberculosis requiring hospital treatment are sent to Standish Sanatorium.

PUBLIC HEALTH STAFF.

This consists of a full-time Medical Officer of Health and a full-time Sanitary Inspector.

NURSING.

Four nurses are employed in the area. Two Midwives and two ordinary. One Midwife and one general nurse are under the control of the Hospital Committee.

CHEMICAL WORK.

The Council avails itself of the Clinical Research Association of which they became a patron in 1921.

REPORT ON TOWN WATER. CLINICAL RESEARCH ASSOCIATION RESULTS.

I. CHEMICAL.			Parts per 100,000.	Grains per Gallon.
Total Solids (dried at 120°C.)			30.30	21.21
Combined Chlorine	•••		1.10	0.77
Equivalent at Na. Cl			1.81	1.27
Nitric Nitrogen			0.25	0.17
Nitrous Nitrogen			Nil.	Nil.
Ammonical Nitrogen	•••	•••	Nil.	Nil.
Albumenoid Nitrogen	•••		0.0019	0.0013
Oxygen absorded in 4 hours at	27.C.		0.013	0.002
Lead or Copper		•••	Nil.	Nil.
Temporary hardness equivalent	to Ca	Со	3.21.6	15.1
Permanent hardness	•••	•••	4.7	3.3
Total Hardness	•••	•••	26.3	18.4

II. BACTERIOLOGIAL (Culture and microsopical.)

Average num visible co cubated a	lonies	on gelat	ine plate			108	per	C.C.
Average num visible co								
bated at				•••		12	per	C.C.
B. Coli	•••	•••	•••	•••	not for	und i	n 100	C.C.
Streptocicci		•••		•••	3.7	, ,	, 30	C.C.
B Enteriditis	Sporos	renes						C.C.

REMARKS.

The results show this water to be of excellent quality.

(Signed) W. J. CURRY, Secretary.

SEWERAGE AND DRAINAGE.

The Council in 1923 took a sample of the Effluent.

COPY OF REPORT ON SEWERAGE EFFLUENT by the Clinical Research Association.

This sample yields the following results on analysis:—

		Parts per 100,000
Suspended Matter	•••	0,08
Dissolved Oxygen	absorbed in 5 days	0.45

As judged by the above figures this may be regarded as an effluent of excellent quality, the Royal Commissions limits being:—

				Parts per
				100,000
Suspended Matter				3.00
Dissolved Oxygen	dissolved	in 5	days	2.00

LEGISLATION IN FORCE,

Adopted Acts:—Infectious Diseases (Notification) Act, 1889, Infectious Diseases (Prevention) Act, 1890. P.H.A. Amendment Act, 1890. Baths and Wash-houses Act, 1896, Local Bye-laws dealing with New Buildings, Slaughter-houses, Nuisances, Common Lodging Houses, and Dairies, Cowsheds and Milkshops.

SANITARY CIRCUMSTANCES of the AREA. WATER.

The Water Supply of the town is derived from a deep bore 270 feet deep. The actual supply is found at the bottom of the Great Oolite where it merges into the Fullers Earth. The supply is constant, and the number of houses supplied is 1,249 out of a total number of 1,835 houses. The water is not plumbo solvent and there is no source of contamination. There is an ample supply of water and work is nearing completion which will greatly increase the efficiency of the pumping plant.

13 houses have been newly connected with the Sewers.

RIVERS AND STREAMS.

There is an absence of pollution in the streams of the district.

SEWERAGE.

The district is efficiently sewered, the sewerage being disposed of by broad irrigation. No complaints as to insufficiency or inefficiency were received.

CLOSET ACCOMMODATION.

The whole of the Sanitary convenience of the town are water closets.

SCAVENGING.

The house refuse is collected twice a week.

NUMBERS INSPECTED OF EACH OF THE FOLLOWING:

		No. on Register.		Total No. of Inspections.
(a)	Common Lodging Houses	0	1	22
(b)	Slaughter Houses	. 8	8	26
(c)	Bakehouses	. 11	11	33
(d)	Daries, Cowsheds, Milk	-		
	shops	. 10	10	30
(e)	Canal Boats	. 0	0	0
(f)	Workshops	. 27	27	40
(g)	Residences of out-workers	s 1	1	6

GENERAL.

(a)	Number of complaints received		
(b)	Number of nuisances reported to District Council	cil	
	(1) Totai	• • •	9
	(2) Swing		—
(c)	Total number of nuisances abated	• • •	9
(d)	Total number of preliminary notices served		_
(e)	Total number of Statutory notices served		
(f)	Total number of summonses taken out	•••	1
(g)	Total number of convictions		1
(h)	Number of houses disinfected	••	12
(i)	Methods of disinfection used—Formaline fumigat	or an	d
		spra	yer.

SCHOOLS.

The sanitary condition of the Schools is excellent. Water is laid on to each school.

HOUSING.

The housing shortage is not so acute in this district as in many throughout the county. In the last five years 101 houses have been built by private enterprize, with or without the Subsidy, or as a Municipal Scheme.

There is no overcrowding, at all serious, in the district.

The general standard of housing is good, although many of the buildings are old, and in consequence somewhat difficult to repair.

There is no unhealthy area. A few houses should be closed, and would be if it were not for the difficulty of finding alternative accommodation.

The type of house required is low-priced, capable of being let at a rental not exceeding 5/- to 6/- per week.

Taken as a whole the Sanitary condition of the district is good, as can be proved by the death-rate, the low infant mortality and the small degree of prevalence of infectious diseases.

9. HOUSING.

Number of new houses erected during the year:-	
(a) Total	13
(b) As part of a municipal scheme	Nil
1. Unfit Dwelling-Houses.	
Inspection—(1) Total number of dwelling-houses	
inspected for housing defects (under Public Health	-
or Housing Acts)	5
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of	2711
District) Regulations, 1910	Nil
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to	
be unfit for human habitation	5
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found	
not to be in all respects reasonably fit for human	Nil
	2011
2. Remedy of defects without service of formal Notices.	
Number of defective dwelling-houses rendered fit	
in consequence of informal action by the Local Authority or their officers	Nil
	IVII
3. Action under Statutary Powers.	\
(A) Proceedings under section 28 of the Housing, Town Planning, etc., Act, 1919.	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
(2) Number of dwelling-houses which were rendered fit:—	
(a) by owners	1
(b) by Local Authority in default of owners	
(b) by Book! Mathority III dolatile of owners.	

ction under Statutary Powers (continued).
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close Nil
(B) Proceedings under Public Health Acts:—
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied
(2) Number of dwelling-houses in which defects were remedied:—
(a) by owners
(b) by Local Authority in default of owners $)$
(c) Proceedings under sections 17 and 18 of the Housing, Town Planning, etc., Act, 1909:—
(1) Number of representations made with a view to the making of Closing Orders
(2) Number of dwelling-houses in respect of which Closing Orders were made
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit
(4) Number of dwelling-houses in respect of which Demolition Orders were made
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders

INSPECTION and SUPERVISION of FOOD. MILK SUPPLY.

This is good. 46 samples were taken all of which proved satisfactory.

One cow has been dealt with under the Tuber-culosis order of 1925.

MEAT.

Notifications of slaughter are sent on all occasions. Frequent inspections are made of the slaughter houses. There are four licensed Slaughter Houses and four which are registered in the district.

One pig, one steer, and two tins of beef were seized during the year.

The 11 bake-houses in the district are frequently inspected and are quite satisfactory.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES.

The prevalence of notifiable infectious diseases since January 1st, 1921, has been very slight. For these five years the cases have been:—

Small Pox			2
Scarlet Fever			41
Diptheria			29
Enteric	•••		5
Pneumonia		•••	10
Puerperal Fev	er	•••	0
S. Sickness			1

SMALL POX.

The two cases occurred during the 1923 Epidemic in Gloucestershire. One was a direct contact from Gloucester City, and the other a contact from a rural case, which probably was contracted from the same source.

SCARLET FEVER CASES.

These call for no particular comment. They were isolated and nothing in the nature of an epidemic occurred.

No definite return cases were noted.

DIPHTHERIA CASES.

The greatest number occurred in 1922, viz.: 12. These were mostly connected with one school. After repeated examination of the children's throats a carrier was discovered. Since then there has been no trouble at the school.

Antitoxin is at once used in all cases and indeed in all suspicious cases.

Free antitoxin is supplied to necessitous cases.

ENTERIC.

Four cases out of the five occurred in 1921. Two were Paratyphoid. No clue was obtained, except that one case was definitely found to have been imported.

The only case since 1921 occurred at Barnwood Mental Asylum in 1923. This was fatal.

PNEUMONIA.

It is noteworthy that only 10 notifications of Pneumonia have been received in the last five years. This of course means that the notification of Pneumonia is not treated seriously.

16 deaths from Pneumonia have occurred in the district in the last five years (some of course in hospitals outside the district). This shows, to my mind, a certain neglect in notification of this disease.

PUERPERAL FEVER.

It is extremely satisfactory to be able to record that not one case of this disease has occurred in the five years under review.

ENCEPHALITIS LETHARGICA.

Only one case has occurred in 1921.

Pathological and Bacteriological specimens are examined at Bristol University.

All cases, where it is necessary, are isolated in the Infectious Hospital.

Carrier cases are dealt with, as far as possible, as if they were actual cases of the disease.

No use of the Schick, or Dick, tests in Diphtheria or Scarlet Fever has yet been made.

VACCINATION.

About 10 vaccinations were done by the Medical Officer of Health in 1923 in the Epidemic as a measure of urgency.

Vaccination generally in the district is backward.

INFLUENZA.

In the past five years 15 deaths have occurred from Influenza, no special inquiry has been undertaken in connection with this disease.

Verminous persons are treated in the Union, or in the Infectious Hospital.

All premises, where a case of notifiable infectious disease has occurred, are at once disinfected by the Sanitary Inspector.

NOTIFIABLE DISEASES during the YEAR.

DISEASE.	,	Total Cases Notified	Cases admitted to Hospital			
Diptheria		9	9	0		
Scarlet Fever		7	1	0		
Enteric Fever (including						
Par	atyphoid)	0	0	0		
Puerperal Fever	•••	0	0	0		
Pneumonia	•••	0	0	4		
Other diseases generally notifiable (specify disease):						
Er	ysipelas	1	0	0		
Other diseases notification locally (specify d		0	. 0	0		
Tuberculosis:—						
(a) Pulmonary	M	5	2	2		
(a) I aimonai	F	7	<u>2</u>	4		
	Total	12	4	6		
(b) Non-pulmonary	\mathbf{M}	1	1	2		
(6) Non-pullionary	F	3	0	1		
	Total	4	1	3		

The Diphtheria cases all occurred in two families except one isolated case. There was no spread.

The Scarlet Fever cases were scattered, occurring at different periods, and call for no special comment.

TUBERCULOSIS.

			New Cases.				Deaths.			
Age Perio	ods.		Pulmonary.	nary.		Pulmonary.		Non-milmonary	Non-pulmonary.	
		\mathbf{M} .	F.	М.	F.	M.	F.	M.	F.	
0		0	0	0	0	0	0	0	0	
1		0	0	0	1	0	0	0	1	
5		0	2	0	0	0	0	0	0	
10		0	0	0	1	0	0	1	0	
15		0	0	0	1	0	0	0	0	
20		3	0	0	0	1	0	0	0	
25		1	3	0	0	0	2	0	0	
35		0	0	0	0	0	1	0	0	
45		0	. 2	1	0	1	1	1	0	
55		0	[*] 0	0	0	0	0	0	0	
65 and	upward	s 1	0	0	0	0	0	0	0	
Totals		5	7	1	3	2	4	2	1	

No case occurred in over-crowded premises. The notification of Tuberculosis generally throughout the district is good.

Each case as notified is visited by the Sanitary Inspector and nurse, and if deemed necessary by the Medical Officer of Health.

MATERNITY AND CHILD WELFARE.

There is an excellent independent centre for child welfare in the district which does very good work. A nurse examines and weighs each child. A doctor is also in attendance.

		CASES.			
		CASES.	Treated		
Ophthalmia Neonato	orum.	Notified.	At home.		
0		0	0		0
Vision unimpaired.	Vision	impaired.	Total Blindr	iess.	Deaths.
0		0	0		0



